



# MEDI-CAL UPDATE

## Part 2

Billing and Policy

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

### Vision Care

#### January 2007 • Bulletin 347

##### Contents

##### Medi-Cal Training Seminars

##### Medi-Cal Claim Form Changes May 23, 2007 ..... 1

##### Glass Ophthalmic Lenses No Longer Medi-Cal Benefit ..... 5

#### Medi-Cal Claim Form Changes May 23, 2007; Transition from Current Form Begins March 26

Effective May 23, 2007, the California Department of Health Services (CDHS) will complete a transition from the current *HCFA 1500* claim form to the new *CMS-1500* claim form. Beginning March 26, 2007, providers will have a two-month transition period in which they can use both the new and old form to submit claims. The transition period ends at the close of business on May 22, 2007. Beginning May 23, 2007, only the *CMS-1500* will be accepted for Medi-Cal billing.

All boxes mentioned below are only updates to the new form. Not all new and updated boxes must be filled in for proper billing and payment. New claim form billing instructions will be published in the appropriate Part 2 provider manual in May 2007.

Also, providers using the new forms must continue to use their Medi-Cal provider number until May 23, 2007.

Below are the changes from the current *HCFA 1500* to the new *CMS-1500* claim form.

#### Header and Box 1:

##### Old Form

<b>PLEASE DO NOT STAPLE IN THIS AREA</b>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA		<b>HEALTH INSURANCE C</b>	
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)	CHAMPUS <input type="checkbox"/> (Sponsor's SSN)
		CHAMPVA <input type="checkbox"/> (VA File #)	GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY	4. INSURANCE SEX M <input type="checkbox"/> F <input type="checkbox"/>

##### New Form

<b>1500</b>			
<b>HEALTH INSURANCE CLAIM FORM</b>			
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA			
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)	TRICARE <input type="checkbox"/> (Sponsor's SSN)
		CHAMPUS <input type="checkbox"/> (Sponsor's SSN)	CHAMPVA <input type="checkbox"/> (Member ID#)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY	4. INSURANCE SEX M <input type="checkbox"/> F <input type="checkbox"/>

At the top of the page: 1) the barcode has been removed, 2) the language "Please Do Not Staple In This Area" has been removed, and 3) a box with "1500" is added in black ink. In Box 1, "Tricare" was added above "Champus."

Please see **Claim Form**, page 2

## Claim Form (continued)

## Box 17

## Old Form

14. DATE OF CURRENT: MM DD YY	ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16.
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a. I.D. NUMBER OF REFERRING PHYSICIAN	18.
19. RESERVED FOR LOCAL USE			20.
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)			22.

## New Form

14. DATE OF CURRENT: MM DD YY	ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	18.
		17b. NPI	
19. RESERVED FOR LOCAL USE			20.

The name of Box 17 was changed to “Name of Referring **Provider** or Other Source.” Box 17A (“ID Number of Referring Physician”) was removed. The *NPI* field (Box 17B) was added.

## Box 21 (Diagnosis of illness or injury)

## Old Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)					22.
1. _____		3. _____			23.
2. _____		4. _____			
24. A.	B.	C.	D.	E.	
DATE(S) OF SERVICE	Place	Type	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS	
From	of	of	(Explain Unusual Circumstances)		

## New Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)					22.
1. _____		3. _____			23.
2. _____		4. _____			
24. A.	B.	C.	D.	E.	
DATE(S) OF SERVICE	PLACE		PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS	
From To	of		(Explain Unusual Circumstances)		

The spaces after the decimal point in items 1, 2, 3 and 4 were extended to accommodate future changes in diagnosis codes.

Please see **Claim Form**, page 3

## Claim Form (continued)

## Boxes 24A – 24E

## Old Form

	24.	A. DATE(S) OF SERVICE						B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS CODE
		From			To					(Explain Unusual Circumstances)		
		MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	
1												
2												

## New Form

	24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER
		From			To					(Explain Unusual Circumstances)		
		MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	
1												
2												

The lines are split length-wise, with shading added to the top portion of each line. The shaded area is used for the reporting of supplemental information. Information submitted in the shaded area must stay within the shaded area to process correctly. The name of Box 24C was changed to “EMG.” This is the new location for emergency and delay reason codes.

## Boxes 24I – 24K

## Old Form

F.	G.	H.	I.	J.	K.
\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE

## New Form

F.	G.	H.	I.	J.
\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
			NPI	
			NPI	

The name of Box 24I was changed to “ID Qual.” The name of Box 24J was changed to “Rendering Provider ID #” and the unshaded area was named “NPI.” The rendering provider’s National Provider Identifier (NPI) must be reported in the unshaded box. Also, Box 24K (“Reserved for Local Use”) was removed.

Please see **Claim Form**, page 4

## Claim Form (continued)

**Box 32****Old Form**

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)		33.
		PIN

**New Form**

32. SERVICE FACILITY LOCATION INFORMATION		33.
a.	NPI	b.

Box 32 was renamed “Service Facility Location Information.” Boxes 32A and 32B were added at the bottom. Box 32A was added to accommodate reporting of the facility NPI. Box 32B was added to accommodate reporting of an “atypical” facility provider number.

**Note About Atypical Providers:**

In accordance with the NPI final rule, some providers may not qualify for an NPI and therefore are not required to register an NPI with the Medi-Cal program. According to CDHS’ interpretation of the final rule as it relates to atypical providers, the following Medi-Cal provider types below are not required to register an NPI:

- Adult Day Health Care (ADHC) Centers
- Blood Banks
- Christian Science Practitioner
- Multipurpose Senior Services Program (MSSP)

If any of the above provider types acquire an NPI, they may register it with the Medi-Cal program, but it is not required.

**Box 33****Old Form**

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	
PIN#	GRP#

**New Form**

33. BILLING PROVIDER INFO & PH # ( )	
a.	NPI
b.	

Box 33 was renamed “Billing Provider Info & Phone Number.” Boxes 33A and 33B were added at the bottom. Box 33A was added to accommodate reporting of the billing provider’s NPI. Box 33B was added to accommodate reporting of an atypical provider number.

**Glass Ophthalmic Lenses No Longer Medi-Cal Benefits**

Effective for dates of service on or after February 1, 2007, glass ophthalmic lenses (single vision, multifocal and photogrey) are no longer Medi-Cal benefits. The only two ophthalmic lens materials that will be available from the Prison Industry Authority (PIA) optical laboratories are plastic and polycarbonate. Polycarbonate lenses are only available for recipients younger than 18 years of age.

**Photochromatic Lens Requirements**

For recipients requiring photochromatic lenses for medically necessary conditions, only plastic photochromatic lenses (transition lenses) are available from the PIA optical laboratories. For transition lenses to be covered, the following criteria, along with the requirements listed under “Program Coverage” in the *Eyeglass Lenses* section of the Vision Care manual, must be met:

- The recipient currently wears transition or photogrey lenses previously ordered from PIA or is younger than 18 years of age. In each case, the recipient must meet the diagnosis code requirements as indicated in the *Professional Services: Diagnosis Codes* section of the Vision Care manual, or
- The recipient is visually impaired (ICD-9-CM codes 369.00 – 369.9) or has a visual field defect (ICD-9-CM codes 368.40-368.47), or
- A valid authorization exists from the California Department of Health Services (CDHS) Vision Care Policy Unit.

Providers must be signed up on the PIA online ordering Web site (<https://optical.pia.ca.gov/pool/>) to order transition lenses.

**Billing Restrictions**

Solid and gradient tints and ultraviolet (UV) coatings may still be ordered at the PIA optical laboratory when medically justified and the requirements listed under “Program Coverage” in the *Eyeglass Lenses* section of the Vision Care manual are met.

When absorptive lenses (photochromatic, tints or UV) are ordered at the PIA optical laboratory for patients who meet the medical necessity requirements mentioned above, providers are restricted to billing only lens dispensing fees (CPT-4 codes 92340 – 92342, 92352 and 92353). Because these lenses are provided at no charge to the provider, HCPCS codes V2744, V2745 and V2755 are not covered in PIA counties.

*This information is reflected on manual replacement pages eyeglass lens 6 (Part 2) and pia 2 and 3 (Part 2).*

**Vision Care Bulletin 347**

Remove and replace: *Contents for Vision Care Billing and Policy* iii/iv \*  
eyeglass lens 5 thru 8  
pia 1 thru 4

Insert new section  
after the *Prosthetic*  
*Eyes* section: prov bil 1 thru 4 \*

Insert after the new  
*Provider Billing*  
*after Beneficiary*  
*Reimbursement*  
*(Conlan v. Shewry)*  
section above: *Request for Beneficiary Reimbursement Letter (Letter 08) \**

\* Pages updated due to ongoing provider manual revisions.